

# Dallas County Veterans Commission Assistance Application

The Dallas County Commission of Veterans Affairs may provide assistance to Veterans in the way of rent, food, fuel or utilities. Veterans must meet the following requirements:

- Must meet the requirements of a Veteran as defined in IA Code 35B/38CFR
- Have a DD214/DD215/NGB 22 with Honorable or Under Honorable Conditions
- Must be a Dallas County resident for at least 60 days
- Must meet income/asset guidelines
- Must have an emergency need that cannot be met by other means or due to financial misconduct

## Required Documentation:

- DD214/215 or NGB 22
- Last 3 months of bank statements (All accounts)
- Copy of driver's license with Dallas County address
- Current Utility Bills
- If a widow; marriage and death certificate of veteran (If Applicable)
- Rental agreement, Federal ID/W-9 form
- Verification of pay from current employer/SSA (If Applicable)
- Verification of assistance from other agencies (If Applicable)
- A current doctor's statement on the doctor's letterhead which specifically indicates your inability to work: to include a reference to the expected duration of your condition. (If Applicable)
- Verification that all unemployed, able bodied adults (including adult children) in the household are registered with workforce development and have applied for unemployment (If Applicable)
- Service Connected letter (If Applicable)

## Household Information

First	Last	DOB	SSN	Relationship	Address
				Self	

Please state your need for assistance:

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Income Source	Applicant	Spouse	Child
Take Home Pay	\$	\$	\$
Unemployment	\$	\$	\$
Food Support	\$	\$	\$
Social Security	\$	\$	\$
Supplemental Security Income(SSI)	\$	\$	\$
IPERS	\$	\$	\$
Child Support	\$	\$	\$
Pension	\$	\$	\$
Interest/Dividend/Rent	\$	\$	\$
FIP	\$	\$	\$
Total Gross Income	\$	\$	\$
VA Compensation	\$	\$	\$
VA Pension	\$	\$	\$
Any Other Income	\$	\$	\$

Monthly Expenses	Amount
Rent/ Mortgage	\$
Trailer Lot Rent	\$
Electric/Gas	\$
Water/Sewer/Trash	\$
Groceries	\$
Vehicle Gas and Maintenance	\$
Phone	\$
Child Care	\$
Hospital/Doctor/Dental	\$
Medication	\$
Car Payment	\$
Insurance	\$
Other	\$

Assets	Amount
Cash	
Savings	
Checking	
401K/IRA	
Other	

Other Assistance	Yes/No
Food Support	
Utility Assistance	
Hawk I	
Title XIX	
CIRHA	
Other	

**Please list any debts or bills not being paid:**

Any emergency assistance provided will not exceed one month or \$1000. Applicants must wait 12 months from date of termination to reapply. An applicant will not receive assistance more than twice in a 5 year period and may not exceed more than \$3000 in lifetime assistance unless repayment is made. There is a limitation of \$200 per utility, \$100 of food assistance, \$50 of fuel assistance and no payment will be made on bills past due more than 30 days.

**I understand the terms listed above in regards to limits on assistance and that the program is intended to provide emergency relief and self-sufficiency. I pledge to make repayment if possible.**

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**Printed Name**

**Signature**

**Date**